



Commissioner of the Revenue City of Norfolk

“HOW ARE WE DOING?”

Please take a few moments to complete this survey. Your comments will help us improve our operational efficiency and customer service.

Date Served: _____ Approximate Time ____:____ a.m./p.m.

Name of Deputy serving you: _____

Type of Service Rendered: (ex. Car Registration, Income Tax Assistance)

	Excellent		Good		Poor
Courtesy, Friendliness	5	4	3	2	1
Knowledge of Job	5	4	3	2	1
Speed of Service	5	4	3	2	1
Accuracy in Handling Transaction	5	4	3	2	1
Professional Appearance	5	4	3	2	1
Please Rate Your Overall Experience	5	4	3	2	1

Other comments or suggestions: _____

Your name and address: _____



“It is a privilege to serve you!”

Sharon M. McDonald
Commissioner of the Revenue
City of Norfolk